

## **House Account Application**

Customer Name:				
Business (House Account) Name:				
Home (Billing) Address:				
City:	State:	State: ZIP:		
Business Phone:	Home Phone:	Home Phone:		
Fax:	E-Mail:	E-Mail:		
Name of individual(s) authorized to charge pure	chases: (other than Custo	 omer listed above)		
1.		Phone:		
2.		Phone:		
3.		Phone:		
Credit Card to be billed: AMEX Ma	asterCard	VIS	SA	
Issuing Name:		Expiration:		
Billing Address:				
Account Number:				
Cardholder Full Name:				
Customer will be sent a statement of charges at the end of all purchases and charges reflected on the statement, designated above, Customer authorizes charging the Cus automatically on the statement date (on the 5 <sup>th</sup> day after t statement date, as indicated above, or the Center will char In the event that a charge is rejected or a check is returned for notice. Customer is responsible for and will reimburse. This credit card authorization does not constitute an agree credit options. The Center may, at its discretion, restrict of the Center may also cancel this agreement at any time for outstanding are due and payable immediately.	whether incurred by the Customer's credit card or will the statement date). Check large the amount due to the ned for any reason, Customer any fees or charges incurre eement to provide, nor is it is charges on this House According	ustomer or by an individual au pay by Customer check. Chaik payments must be received a Customer's credit card. The agrees to make full and property of the Center as a result of intended to imply the existence count in general or with respect	uthorized by the Customer above. As arges to a Customer's card will be made by the Center within 10 days of the ompt payment immediately upon recept a rejected charge or returned check ce of, any extension of credit or any ct to any type of products and/or service.	
Customer Signature: X		Date:	Date:	
Printed Name:		Title:	Title:	
Driver's License #:		State:		